



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
Zoran Obradovic, et al )  
Serial No: 09/753,363 )  
Filing Date: 01/02/2001 )  
Docket No. B-094 )  
For: SYSTEMS AND METHODS FOR )  
KNOWLEDGE DISCOVERY IN )  
SPATIAL DATA )  
)

Examiner: Unknown

Group Art Unit: 2171

Assistant Commissioner for Patents  
Washington, D.C. 20231

**ASSOCIATE POWER OF ATTORNEY**

Dear Sir:

Please recognize as associate attorney in this case:

Stephen R. Christian  
Reg. No. 32,687  
P. O. Box 1625  
Idaho Falls, ID 83415-3899  
(208)-526-9140

Alan D. Kirsch  
Reg. No. 33,720  
P. O. Box 1625  
Idaho Falls, ID 83415-3899  
(208) 526-1371

RESPECTFULLY SUBMITTED,

By W. Gary Goodson  
W. Gary Goodson  
Reg. No. 22,387  
P. O. Box 1625  
Idaho Falls, Idaho 83415-3899  
(208) 526-9469

Date 3/21/01

I hereby certify that this document is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Date of Deposit 4-12-01  
Patricia Butikofer  
Type or print name of person mailing paper  
Patricia Butikofer  
Signature of person mailing paper

4-12-01

Patricia Butts for  
Inventor  
Signature of person mailing paper

Date of Deposit

Type or print name of person mailing paper

Signature of person mailing paper



Please type a plus sign (+) inside this box



Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	B-094
First Named Inventor	Zoran Obradovic
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEMS AND METHODS FOR KNOWLEDGE DISCOVERY IN SPATIAL DATA

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) **01/02/01**

as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/174,389	01/03/00	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

Approved for use through 9/30/00, OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number  →  Place Customer Number Bar Code Label here  
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number or Bar Code Label  OR  Correspondence address below

Name	W. Gary Goodson			
Address	Bechtel BWXT Idaho, LLC			
Address	P. O. Box 1625			
City	Idaho Falls	State	ID	ZIP
Country	US	Telephone	208-526-9469	Fax
				83415-3899

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname			
Zoran			Obradovic			
Inventor's Signature	<i>Zoran Obradovic</i>					Date
Residence: City	Dresher	State	PA	Country	US	Citizenship
Post Office Address	1587 Dreshertown Road					
Post Office Address						
City	Dresher	State	PA	ZIP	19025	Country
						US

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

APR 14 2001  
P A T E N T & T R A D E M A R K O F F I C E

Please type a plus sign (+) inside this box →

O I P E  
APR 16 2001  
P A T E N T & T R A D E M A R K O F F I C E

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u></b>	
--------------------	--	--	--

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Timothy E.		Fiez					
Inventor's Signature	<i>X Timothy E. Fiez</i>					Date	<i>4/18/01</i>
Residence: City	Corvallis	State	OR	Country	US	Citizenship	US
Post Office Address	3572 NW Satinwood Street 3585 NW Glenridge Drive <i>Ref 4/19/01</i>						
Post Office Address							
City	Corvallis	State	OR	ZIP	97330	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Slobodan		Vucetic					
Inventor's Signature	<i>X Slobodan Vucetic</i>					Date	<i>01/19/01</i>
Residence: City	Philadelphia	State	PA	Country	US	Citizenship	<i>YUGOSLAVIA</i>
Post Office Address	7400 Roosevelt Road, Apt D-205						
Post Office Address							
City	Philadelphia	State	PA	ZIP	19152	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Aleksandar		Lazarevic					
Inventor's Signature	<i>X Aleksandar Lazarevic</i>					Date	<i>01/19/01</i>
Residence: City	Philadelphia	State	PA	Country	US	Citizenship	<i>YUGOSLAVIA</i>
Post Office Address	9401 Ashton Road, Apt C3 7400 ROOSEVELT BLVD, Apt. D-205						
Post Office Address							
City	Philadelphia	State	PA	ZIP	19152	Country	US

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

APR 14 2001  
PATENT & TRADEMARK OFFICE  
JC44

Please type a plus sign (+) inside this box →

O I P E  
APR 16 2001  
PATENT & TRADEMARK OFFICE  
JC44

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Dragoljub		Pokrajac					
Inventor's Signature						Date	1/17/01
Residence: City	Philadelphia	State	PA	Country	US	Citizenship	<input checked="" type="checkbox"/> YUGOSLAVIA
Post Office Address	9401 Ashton Road, Apt C3						
Post Office Address							
City	Philadelphia	State	PA	ZIP	19114	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Reed L.		Hoskinson					
Inventor's Signature						Date	1/3/01
Residence: City	Rigby	State	ID	Country	US	Citizenship	US
Post Office Address	113 North 3900 East						
Post Office Address							
City	Rigby	State	ID	ZIP	83442	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.